

**Program Desired:**  
**T-BALL** \_\_\_\_\_  
**BASEBALL** \_\_\_\_\_  
**SOFTBALL** \_\_\_\_\_  
 \*Home League \_\_\_\_\_

**Morada Little League**  
 P.O. Box 8905, Stockton, CA 95208  
 (209) 931-1533 www.moradall.org

**League Use Only**  
**Property Player: Yes No**  
**Team:** \_\_\_\_\_  
 \_\_\_\_\_

**Player Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Lives With: Both / Mother / Father / Other

Address: \_\_\_\_\_  
Street City Zip Code

Siblings Playing in MLL: \_\_\_\_\_

Uniform Sizes - Circle One

**BASEBALL Shirt Size: YS YM YL YXL AS AM AL AXL**  
**SOFTBALL Shirt Size: GS GM GL GXL LS LM LL LXL**

**EMERGENCY CONTACT INFORMATION**

**PARENT /GUARDIAN #1 NAME:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Address City ZIP Code

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-MAIL Address:** \_\_\_\_\_ **Membership to Morada Little League Yes / No**

**Parent/Guardian #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN #2 NAME:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Street Address City ZIP Code

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-MAIL Address:** \_\_\_\_\_ **Membership to Morada Little League Yes / No**

**Parent/Guardian #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, I/We, the parents/guardians of the above named candidate for a position on a Morada Little League or T-Ball team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.  
 I/We know that participation in Little League may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Morada Little League and it's officers, managers and coaches, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I give permission to MLL to use individual and team Little League pictures on the league's website, Facebook and other official uses, as published by Morada Little League. If you DO NOT give permission to MLL to use individual and team Little League pictures on the league's website, Facebook and other official uses, as published by Morada Little League, please cross out the above permission statement.

**REGISTRATION ACCOUNTING – Baseball & Softball Fees (Add \$20 to fees after January 27<sup>th</sup>)**

T-ball Fee (4-6 yr olds): \$75 \_\_\_\_\_ Minor B BB/SB (7-8 yr olds): \$85 \_\_\_\_\_  
 Minor A & Majors (9-12 yr olds): \$110 \_\_\_\_\_ Jr/Sr BB/SB (13-16 yr olds): \$110 \_\_\_\_\_  
 Sibling Discount: 2 or more players <\$10> \_\_\_\_\_ Morada Little League Membership: \$5 ea \_\_\_\_\_

**League Use Only**

Birth Certificate Verified by: \_\_\_\_\_ 3 Addresses Verified by: \_\_\_\_\_ Little League Age: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ **Membership Paid: Mother Father**



# Little League. Baseball and Softball M E D I C A L R E L E A S E



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

### If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

### FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# MLL SPORT PARENT CODE OF CONDUCT

Morada Little League has implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

## *Preamble*

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring, and
- Good Citizenship

The highest potential of sports is achieved when competition reflects these "six pillars of character".

## *I therefore agree:*

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

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Parent/Guardian Signature

Date

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Player Name – Please print

**Must be submitted with REGISTRATION FORM.**